The American Library, Chennai U.S. Consulate Gemini Circle, Chennai 600 006 Application Form for Individual Membership

Please Write in Block Letters

Name:		
Last Name (Surnan	ne/Family Name)	First Name (Given Name)
Title: Ms./Mr./Dr./Prof.		
Occupation:	Designation:	Year of Birth:
For Students:		
Class:	Subjects:	
Residential Address:		
Office/Institution Address:		
Phone: (Res)_	(Off) Mobile: _	
Fax:	Email:	
(Please √ as appropriate)		
Preferred Mailing Address:	Home Office	
Have you been to the United Sta	ates? Yes / No	
If Yes, Please State: Acade	emic Non-Academic	
Did you visit the U.S. under any	special program? Please State	
Subjects of Interest (Please spe	cify):	
I hereby apply for membership/agree to comply with the rules.	renewal of membership in the Am	perican Information Resource Center, and
Date:	Sig	nature: